

**DECLARATION**  
**AND**  
**POWER OF ATTORNEY**

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS the specification of which

(check one)  is attached hereto.

was filed on November 28, 1995 as  
Application Serial No. 08/563,642  
and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the invention claimed in this application, in accordance with Title 37, Code of Federal Regulations, §1.56(a) and (b).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority  
Claimed

(Number)	(Country)	(Day/Month/Year Filed)	[ ]	[ ]
			Yes	No
			[ ]	[ ]
			Yes	No
			[ ]	[ ]
			Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) and (b) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending abandoned)

I hereby appoint Roger A. Gilcrest, Reg. No. 31,954, Jeffrey S. Standley, Reg. No. 34,021 and/or Patricia L. Prior, Reg. No. 33,758, c/o Standley & Gilcrest, 555 Metro Place North, Suite 500, Dublin, Ohio 43017, Telephone No. (614) 792-5555 my attorneys, with full power in each of them, of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. All correspondence should be sent to the attention of Jeffrey S. Standley at the address above.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

Full name of inventor Anthony J. S. M.D.  
Dr. Anthony Joseph

Date 3-5-96

Residence Dublin, Ohio

Citizenship United States of America

Post Office Address 5442 Riverside Drive, Dublin, Ohio 43017

CERTIFICATE OF MAILING BY FIRST CLASS MAIL  
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231 on

March 8, 1996

Date of Deposit

Lori A. Kessen

Typed or printed name of person depositing this mailing

Lori A. Kessen

Applicant: Dr. Anthony Joseph  
Attorney's Docket No.: 1151-002  
Serial No.: 08/563,642  
Filed: November 28, 1995  
For: SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.27(A)) - INDIVIDUAL

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS by inventor, Dr. Anthony Joseph, described in:

the specification filed herewith.  
 application Serial No. 08/563,642 filed November 28, 1995.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL  SMALL BUSINESS CONCERN  NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Dr. Anthony Joseph

ADDRESS OF PERSON SIGNING 5442 Riverside Drive, Dublin, Ohio 43017

SIGNATURE Anthony John m.d.

DATE 3-5-96

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